

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45		2				
46		2				
47	1					
48		1				
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52	1					
53	1					
54		2				
55		2				
56	1					
57		1				
58		1				
59		3				
60	1					
61	1					
62		3				
63		①				
64		①				
65		①				
66		①				
67		①				
68		①				
69		①				
70		①				
71		①				
72		①				
73		①				
74		①				
75		①				
76		①				
77		①				
78		①				
79		①				
80		①				
81		①				
82		①				
83	1					
84		1				
85		②				
86		①				
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	10					
TOTAL CLAIMS						